

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097446996** FILING DATE

APPLICANT(S)

097446996

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	↓		↓		↓	

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TOTAL DEP.	↓		↓		↓		↓		↓		↓	
TOTAL CLAIMS	↓		↓		↓		↓		↓		↓	